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CASES OF DRAINAGE FROM THE CUL-DE-SAC OF DOUGLASS
AFTER OVARIOTOMY.

By GILMAN KIMBALL, M.D., Lowell.

IN the *New York Medical Record* of Oct. 1, 1873, we notice an article by Alex. J. C. Skene, M.D., on "Drainage through the Cul-de-Sac of Douglass, with the history of a case." Previously to the appearance of this article, a pamphlet upon the same subject, with five cases, had been published by J. Marion Sims, M.D., of New York.

The purpose of both these authors was to set forth a mode of procedure, the effect of which was to relieve ovariectomy of its most common cause of danger, to wit, septicæmia. The merits of the respective methods of treatment, as shown in the several cases referred to, I am not disposed to discuss. I desire, however, to bear testimony to the great importance and practical value of the *principle* they illustrate. To this end, I submit the following cases, occurring in my own practice within the last few years. In several instances, it will be seen that the means I first adopted to secure drainage consisted simply in establishing an opening through the cul-de-sac of Douglass, and passing the ligatures of the pedicle through the same, to be carried out by the vagina. At first, I was led to believe this plan would prove effectual and satisfactory. Upon a more extended trial, however, I found it could not always be relied on as accomplishing all that had at first been expected of it. The mere puncture for the transmission of ligatures, though sufficient, perhaps, to effect drainage for a few hours, I found liable, in the course of the second or third day, to become completely and permanently closed. The continued accumulation within the pelvic cavity being thus prevented from finding an outlet, symptoms of blood-poisoning soon made their appearance, and with consequences no less disastrous than if no attempt at drainage had ever been made.

It was with the view of obviating this difficulty that I was induced, several years since, to adopt the more effectual plan of drainage, by means of a *canula* introduced *per vaginam* into the cul-de-sac of Douglass, and allowed to remain there till all discharge in that direction had ceased.

It is not claimed that recovery has followed in every instance where this plan has been pursued, for, not unfrequently, other difficulties than septicæmia are encountered in connection with the removal of an ovarian tumor, which, of themselves, necessarily render recovery impossible. Allowing, however, that blood-poisoning is, of all others, the most frequent cause of death following ovariectomy, and that this

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cause consists in the accumulation and absorption of a putrid fluid confined within the peritoneal cavity, its speedy and effectual removal becomes, of course, of the highest importance.

The plan of procedure as set forth in the following cases may not be, in all respects, the most perfect that could be devised; yet, after having thus far proved so satisfactory, I see no inducement to abandon it for the adoption of another less simple, and which, as yet, furnishes no good evidence of better results.

CASE I.—Miss S., of Portland, Maine, 38 years of age, unmarried, naturally healthy, observed for the first time, early in the spring of 1867, the beginning of an unusual enlargement of the abdomen. For several months, its increase was slow, and gave neither anxiety nor personal inconvenience. In the course of the following winter, the enlargement became more decided, and before the end of the year it involved a large portion of the abdominal cavity. Its effect upon the system also became more marked. Excessive and painful distention, embarrassed breathing, emaciation and oedema of the lower limbs, all showed the constitution to be rapidly giving way.

Being at this time in Europe, she availed herself of the opportunity to consult an eminent surgeon in Paris. He pronounced her disease ovarian, but prescribed no medical treatment, nor did he advise any operation.

In July, she returned home. Her passage to New York was not uncomfortable, but from New York to Portland it was distressingly painful, and immediately followed by such an increase of unfavorable symptoms that she decided at once to have the disease removed. In pursuance of this decision, and in accordance with the expressed wish of herself and family, I visited her in July, 1867.

Although only two or three weeks had elapsed since her arrival home, her disease meantime had made rapid progress; and, altogether, her condition was such as to show that the operation already decided upon could not well be delayed.

All preliminary arrangements having been previously attended to, the operation was performed, with the assistance of Drs. Davies, Gilman and Wood, the 27th of July, 1868.

An incision through the parietes, merely large enough to expose a limited portion of the walls of the tumor, was first made below the umbilicus. A large cyst was tapped, and six quarts of dark-brown, viscid fluid were drawn off through the canula. The remaining portion of the tumor was made up of a large number of smaller cysts; some of these were punctured, but without much effect in reducing the general bulk of the tumor. The incision was now extended several inches above the umbilicus, and downward nearly to the pubes. In attempting to dislodge the disease, extensive adhesions were encountered, chiefly in front and on one side. They were separable in part, without much resistance; several thick bands, however, were broken through only with a good deal of force, and, consequently, with considerable laceration of peritoneal tissue; no cutting was necessary. Posteriorly, the tumor was adherent to the transverse colon to the extent of six inches. Its separation was attended with some bleeding, but not enough to demand ligatures. Before the entire mass was dislodged, several cysts were unavoidably ruptured, their contents escaping into the peritoneal cavity. This was an embarrassing circum-

stance, and it necessarily prolonged the operation. The pedicle was broad and thick, and too short to be comfortably fixed between the lips of the incision. After tying it in two parts, and severing it as closely as possible to the tumor, the stump was allowed to drop fully into the pelvis. The ligatures were not brought out at the lower angle of the incision, according to my usual practice, but passed down through the posterior uterine cul-de-sac and out by the vagina—a procedure adopted for the first time in my operations of this kind, and on this occasion for the special purpose of providing, as far as possible, for the direct escape of future accumulations occurring within the pelvic cavity. Such accumulation there was the more reason to apprehend from the nature of the embarrassing complications already referred to.

Although great care had been observed in cleaning the peritoneal cavity of all foreign material escaping from the ruptured cysts, it was to be feared that more or less of it might still remain behind, and thus become the source of serious mischief. The above-described plan for disposing of the ligatures struck me as the best that could be devised to obviate this evil. The wound was dressed after the manner that has been fully described in previously published cases, where adhesions were extensive, and the peritoneal lining of the parietes had consequently suffered much laceration, as in those cases the bleeding surfaces were kept outside by everting a portion of the parietes on either side of the incision, and securing them in close apposition by deep clamp sutures; the free edges of the parts so everted being brought snugly together by a proper number of superficial stitches. Outer dressing was applied after the usual manner, as soon as the patient had been placed in her permanent bed.

Except in one particular, the character of the symptoms following this operation furnished nothing especially worthy of remark; nothing different from what occurs ordinarily with patients making a good recovery.

In the course of a few hours after the operation, there came on excessive vomiting. For two days, this continued with scarcely any abatement; it then began gradually to subside, but recurring at short intervals for more than two weeks. All this while, however, there were no marked signs of peritonitis, no tympanites, no tenderness of abdomen, nor, indeed, any symptom of a threatening character, save the one just referred to.

Immediately following the operation, and during the early period of convalescence, very little was done in the way of treatment, local or general. The system was sustained by a due amount of nourishment, and, occasionally, an opiate was given for the purpose of quieting restlessness. The nourishment consisted mainly of beef-tea and animal broths, and, on account of irritability of the stomach, it was administered for a time in the form of enemata.

The recovery in this case seemed to be complete and altogether satisfactory. In the course of some months, the patient returned to her duties as teacher, apparently in perfect health.

It should be stated, in reference to the manner of disposing of the ligatures of the pedicle by passing them out by the vagina, that the escape of a large quantity of foetid matter in that direction furnished most satisfactory proof that the plan had been wisely adopted. The

vomiting, which at first was so troublesome, and even alarming, was evidently dependent, in a great degree at least, upon the presence of poisonous matter within the pelvic cavity, for, coincident with the event of a discharge through the vagina, the vomiting began to abate, and in a few days ceased altogether. It is certainly not unreasonable to conclude that a different result would have followed the operation had the pedicle been differently dealt with.

A report of this case was written out some three years since, with a view of having it published. About that time, however, having occasion to visit Portland, the patient took the opportunity to consult me in relation to the recent appearance of what she feared was *another tumor*. On examination, I discovered that her fears were not altogether groundless. A hard lump, the size of a hen's egg, had made its appearance just below the umbilicus, in the median line, and involving the cicatrix consequent upon the previous operation, not movable, but firmly adherent to the inner surface of the parietes. I was not clear as to deeper connections.

Besides this local development, I noticed a marked change in the general condition of the patient. She complained of pain in the abdomen, loss of appetite, debility, depression of spirits, and a sense of "uneasiness" that nearly unfitted her for her recently assumed duties as teacher. It was a state of things that led me to suspect the development of some malignant disease, similar to what I had witnessed in several instances, where ovariectomy had been followed within a twelve-month by a cancerous degeneration of the remaining ovary. Under these circumstances, I concluded to postpone publishing the case till a later day.

My fears in regard to the second development of disease referred to have since been fully realized, and even sooner than I had calculated.

About the first of October, 1870, some five months after calling upon me in Portland, she came to consult me again in Lowell, immediately on my return from Europe. Her condition had undergone a great change, and most decidedly for the worse: great emaciation, loss of appetite, extreme debility, cachectic countenance, pulse 130, all indicated to my mind but too clearly that the case had passed beyond the possibility of relief. Examining the case locally, this impression was more fully confirmed. The small lump I had noticed a few months before had gone on rapidly increasing in size, till now it had become a large irregular, semi-solid mass, occupying a large portion of the abdominal cavity. The presence of ascitic effusion and oedema of the lower limbs were additional circumstances favoring the idea of malignancy.

The patient had allowed herself to entertain the hope of getting relief from a second operation. It became my painful duty, however, after a careful consideration of the case, to declare to her that an operation under existing circumstances would, in all probability, prove fatal. This announcement was received with remarkable calmness, and apparently with little or no mental agitation; evidently it was not altogether unexpected.

On her return to Portland, she very soon fell into the hands of another surgeon (more reckless than prudent), who took a more favorable view of the case than I had done. A consultation was had, and an operation decided upon. The disease was removed the 27th of October, 1870, and death followed sixty-four hours after.

CASE II.—Mrs. S., of Cape Elizabeth, Maine, aged 43 years, married, six children, thinks her disease began two years ago; not attended with much suffering or inconvenience till lately; general condition good; not much emaciated; no swelling of lower limbs, or other evidence of impaired constitution; at present, suffering, distention of abdomen, and difficulty of breathing while lying down. I first saw the patient on the 26th of February, 1868, and readily diagnosed ovarian disease, of a multilocular character. All necessary preparations had been attended to, and the operation was accordingly performed at once, Drs. Ludwig, Davies and French assisting.

The tumor having been brought to view through a small incision, a prominent cyst was punctured with a trocar. The contents were albuminous, and too thick to pass the canula. The cyst was finally evacuated by a large incision through its walls. As it was seized by vulsellæ and drawn forward, other cysts came to view, and were evacuated in turn, no escape of contents into the peritoneal cavity occurring.

There were slight adhesions to the right side, and to the omentum. The slender pedicle was tied, and the stump passed back and ligatures carried out by the vagina.

After sponging out from the pelvic cavity a pint or more of ascitic fluid, the wound was closed with deep clamp sutures, and covered with the usual dressings.

For two days subsequent to the operation, the patient was quite comfortable. On the third day, the symptoms became threatening—pain in abdomen, vomiting, quickened pulse and prostration. The pain, however, was controlled by laudanum, forty drops, administered by the rectum. The vomiting also subsided soon after. The same day, too, a free discharge of foetid matter took place through the vagina. The obvious cause of trouble being now removed, there was no further interruption to a continued convalescence, and ultimately to a perfect recovery. The threatening symptoms that made their appearance so suddenly on the third day after the operation were evidently of a septicæmic character. This was shown by the immediate and complete subsidence of all trouble the moment an escape of matter took place by the vagina. The advantages of the plan adopted to secure this timely discharge seem too obvious to admit of any question.

CASE III.—Mrs. L., of Lawrence, Mass., a stout, healthy woman, 35 years old, married, with three children, began to have enlargement of the abdomen about a year ago, but suffered no pain or other inconvenience till within the last six or seven weeks. Within that time, the enlargement has increased rapidly, and has been attended with much suffering—pain, debility, breathlessness, swollen limbs, inability to lie down, or even get on or off the bed without help.

I was first called to see her July 30, 1868. Found her as above stated. The case was diagnosed as unequivocally ovarian, and one that justified an operation. It being a question as to when it should be performed, the patient desired time to consider. The next day I was notified that an operation had been decided upon for the 2d day of August. It was performed, accordingly, on that day; Drs. Dana, Seyfarth, Chamberlain and Carleton were present, and assisted.

An incision through the parietes, seven inches in length, was followed by an escape of a pint or more of ascitic fluid. A large cyst

was tapped, and emptied of ten quarts of a dark, chocolate-colored fluid; the sac being drawn forward, another cyst appeared and was tapped. The contents were of the same character. There were still other cysts, but of less size. In attempting to dislodge the entire mass, it was found that the disease was extensively adherent to the parietes, in front and on the side; also, to a considerable extent, to the omentum. In overcoming these adhesions, there was, necessarily, a good deal of laceration of tissue, with considerable bleeding. The pedicle, unusually tender and short, I tied with a single ligature, which was carried back and out by the vagina through a canula, which was allowed to remain. Bleeding portions of omentum were gathered within a single ligature and cut away, the stump drawn forward and secured between the lips of the incision. Several shreds of torn peritoneum were also cut away, after being first ligatured with fine silk. The bleeding, consequent upon breaking through the adhesions, was very troublesome, and required the application of a good many ligatures, all of which were cut short.

The incision was closed with clamp sutures, the torn, peritoneal surfaces being mostly, but not entirely, excluded.

One-fourth grain of morphia injected under the skin before placing the patient in bed. The operation lasted nearly three hours. This was on account of the difficulty in finding and securing the bleeding vessels. Weight of tumor, thirty-five pounds.

Aug. 3d.—Morning after operation. The patient passed a pretty comfortable night. Two or three twinges of pain in the abdomen were relieved entirely by two doses of laudanum, 35 drops each, administered by the rectum. The reaction was decided. Pulse, 120; skin, moist. The urine was passed voluntarily; no nausea; the countenance good and cheerful.

4th.—She passed a good night, without signs of inflammation or other bad symptoms.

6th.—Still doing well; pulse reduced to 90; natural evacuation from the bowels.

7th and 8th.—Symptoms still as favorable as could be desired. The patient has an appetite, and begins to take substantial nourishment.

12th.—There were threatenings of tetanus; the tongue seemed to be swollen, and there was slight stiffness of jaws while attempting to chew a piece of beef.

13th.—The muscles of throat were affected, and there was difficulty of swallowing, but no pain; otherwise the patient felt pretty well.

14th.—The jaws nearly closed; in other respects, about the same as yesterday.

15th.—She was seized with sharp, frequently recurring, spasmodic pains in left hypochondrium; soon after, in the right. Otherwise, there was no special change.

16 and 17th.—Symptoms pretty much the same in character, but more severe.

18th.—Spasmodic pains less frequent, but more severe. Muscles of back becoming rigid, those of the neck, especially. Slight opisthotonos.

19th, 20th and 21st.—No marked change in most of the symptoms during the past three days, except in severity. Swallowing impossible; opisthotonos decided.

In attempting to raise the head, the whole body was lifted. Pain not constant. She suffered mostly from spasmodic pains, especially through the muscles of the abdomen.

22d.—Death took place at 7 o'clock, this morning, 20th day after the operation.

Immediately upon the appearance of tetanic symptoms, narcotics, together with large doses of bromide of potassium, were administered, but with no apparent alleviation of symptoms. To relieve the extreme suffering during the tetanic spasms, chloroform was used liberally, but the effect was only momentary.

In regard to the plan of drainage in this case, it should be stated that directly after the completion of the operation, an abundant flow of bloody serum took place *per vaginam*. It continued, to a greater or less extent, as long as the patient lived. The discharge became foetid and exceedingly offensive on the second day, and it is surely good evidence of the value of the method of getting rid of it that, from first to last, there were no signs of septicæmia.

The occurrence of tetanus was, of course, an event entirely unexpected, and especially after the patient had passed through so long a period without a single untoward symptom. As for its cause, there seems to be no satisfactory explanation. Every circumstance of the case, up to the twelfth day after the operation, gave unusual promise of a good result. Fortunately, tetanus is an accident that is rarely met with in ovariectomy. The case in question is the first and last that has occurred in my experience.

NOTE.—The remainder of Dr. Kimball's series of cases will appear at intervals among other original communications.—Eds.

TRICHINOSIS.—The German periodicals report several cases of trichinosis. In Hasselbusch, early in March, a lady, her servant, and eight other persons were infected by eating a small quantity of raw pork. Several children also in Rapendorf are said to have been attacked with trichinosis in consequence of the use of some sausages given them by their companions in Hasselbusch. In Lissa, five persons in a merchant's house have been attacked with trichinosis. They had partaken of a ham, which, according to all accounts, was well pickled and smoked, and boiled for two hours. From further inquiries, it was ascertained that the remainder of the ham was full of trichinae. Its vendor was ill from the same cause.—*British Medical Journal*.

PREVENTION OF POST-PARTUM HÆMORRHAGE.—Dr. Alfred Godrich recommends the plan of using the binder not only after, but during labor. The application of strong and continuous pressure, after the escape of the liquor amnii, serves to give support to the abdominal muscles, and, at the same time, compensates in some measure for the loss of pressure sustained by the large vessels and viscera of the abdomen, and thus averts the danger of hæmorrhage. Dr. Godrich asserts that he has for some years applied the binder according to this method, uniformly in all labors, and since the adoption of this plan he has never met with a case of post-partum hæmorrhage.—*The British Medical Journal*.

Progress in Medicine.

REPORT ON DISEASES OF THE CHEST.

By F. I. KNIGHT, M.D.

[Concluded from p. 503.]

ALBUMINOUS EXPECTORATION AFTER THORACENTESIS.

THE operation of thoracentesis has recently come into such general favor, that whatever new is written pertaining to it is received with general interest. The French journals, during the past year, have been full of articles on *albuminous expectoration* after thoracentesis. This, according to Dr. Terrillon, whose thesis (*De l'Expectoration Albumineuse après Thoracentèse*, Paris, 1873) excited the discussions, is a rare accident following certain cases which cannot be determined beforehand, and which may cause death. It consists in the more or less abundant expectoration of a sero-albuminous liquid, with a persistent froth on its surface. In most cases, it takes place from ten minutes to an hour after the operation. This accident is generally harmless, but it may very rapidly cause the death of the patient. In the fatal cases, death may be explained by a pulmonary lesion on the opposite side, preventing expectoration.

The *British Medical Journal*, of Oct. 4 and 11, 1873, contains a good summary of the discussions on this subject, by M. Labbé, taken from the *Mouvement Médical*. M. Terrillon did not wish in any way to attack the favorable position of thoracentesis; his aim was to draw attention to that phenomenon, which M. Pinault was the first to point out in his thesis in 1853, in which he sought to arrive at its rational explanation. In 1869, M. d'Espine communicated to the Société de Biologie two instances of abundant serous expectoration following thoracentesis. In 1872, M. Woillez, in his clinical treatise on acute affections of the respiratory organs, quoted observations of this kind. M. Terrillon gives twenty-one observations, six of which have not been published before. M. Marotte and M. Béhier have communicated to the Academy of Medicine facts on this subject worthy of attention.

The expectoration of albuminous fluid after thoracentesis, according to M. Terrillon, presents three different characters, according to the quantity expectorated and the gravity or mildness of the symptoms. The mild form is characterized by slight dyspnoea, and by the expectoration of a fluid in which the presence of albumen is recognized by nitric acid, and which varies in quantity from a few grammes up to seven or eight hundred. Duration, from a few hours to a day. In the intense form, there is acute dyspnoea, abundant expectoration (1,200, 1,500, 2,000 grammes, and even more), frequent cough—generally spasmodic—accompanied by fine subcrepitant râles. Duration, several hours to a day. In the third and most serious form, the patient, after twenty or five and twenty minutes of comparative quiet, is suddenly seized with acute, very intense and most painful dyspnoea, with spasmodic cough, accompanied by a frequent spitting of froth, after which death supervenes, with all the symptoms of asphyxia, caused by the accumulation of liquids and spumous matter throughout the respiratory system. M. Terrillon relates only two fatal cases out

of twenty-one, to which MM. Béhier and Lionville have added the record of a third. The escape of this albuminous liquid generally takes place from ten minutes to one hour after thoracentesis. It is of a yellowish color, more or less transparent, according to the amount of expectoration; a persistent froth forms the upper layer, the middle layer being represented by the fluid, and the lower layer by a deposit of mucous products given off by the bronchi. It coagulates when treated with nitric acid.

The chemical examination made by M. Bergeret gave 1.61 grammes of albumen in 100 of the pleural fluid, and 1.42 grammes in 100 of the expectorated fluid.

With regard to a possible relation between albuminous expectoration and copiousness of the effusion, M. Terrillon's cases show an abundance of liquid in the pleural cavity, of which the average was from two to two and a half quarts. As to the more or less grave complications which may have preceded the operation, it is easy to agree with M. Terrillon that they could not possibly have had any direct influence on the accident under consideration. The syncopal condition, the cough, the striking of the lung against the canula, have all been given as predisposing causes, but very reasonable explanations have been opposed to such interpretations of the phenomena. The influence of the nature and age of the effusion on the production of the expectoration has been decisively proved to be *nil*, since the majority of the cases (15 out of 20) were instances of acute pleurisy, in which thoracentesis was performed twenty or thirty days after the commencement of the disease. One circumstance remains to which some importance might be attached; the rapidity with which the pleural liquid made its escape was noticeable in all the cases cited by M. Terrillon. The expectoration can certainly not be confounded with bronchorrhœa; its difference of character is quite clear, as shown by the reaction given by adding nitric acid.

Four opinions have been given as to the manner in which the albuminous expectoration takes place:

1. Perforation by the trocar. This opinion has been enunciated by MM. Woillez and Marotte. Woillez thinks puncture of the lung more common than is usually supposed. At the meeting of the Société Médicale des Hôpitaux, on June 28th, he dwelt upon the fact of recent puncture of the chest; on the physical and chemical similarity of the fluid extracted from the pleura to that expectorated; on the issue of a small quantity of blood by the canula; and, above all, on the presence of blood in the earlier portions of the expectorated liquid; finally, on the issue of bubbles of air through the canula during the course of the operation. In the cases under consideration, however, not one of the true signs of perforation was noted; neither issue of blood through the canula, nor pneumothorax. No perforation has ever been found on autopsy. In the majority of cases, the effusion was so large that the lung was presumably far removed from the thoracic wall at the point of puncture, unless adhesions had previously taken place. M. Béhier points out that if albuminous expectoration arose from perforation, it would not take an hour to come on.

2. Spontaneous perforation. M. Féréol, in order to explain this, imagines a special change, characterized by destruction of the epithelium and the connective tissue of the pleura, a sort of membrane be-

ing thus formed which would allow the filtration of the pleural liquid into the lung, and its expulsion by the bronchi, without allowing the air to pass. It is as difficult to demonstrate the existence of this perforation without pneumothorax, as it is rare to meet with pleuro-bronchial perforation in the adult. All observers have seen and cited instances of spontaneous perforation, without pneumothorax, in purulent pleurisy, but not at all, or very rarely, in serous pleurisy. M. Barthez has demonstrated that, in children, absence of pneumothorax is the rule. M. Féréol says that, there having been a preparatory process, ulcerative or otherwise, a fit of coughing causes perforation. But this would be most likely to occur immediately on the withdrawal of the effusion, and so the albuminous expectoration would appear at once.

3. Reabsorption of the liquid remaining after thoracentesis. This theory is contradicted by the anatomy of the lung, and by the physiology of combined absorption and circulation, which teach us, as M. Terrillon says, that the fluid passes into the vessels and is carried into the general circulation.

4. Transudation of the sero-albuminous liquid through the alveolar walls, in consequence of rapid pulmonary congestion and œdema. This opinion was enunciated by M. Pinault, in 1858, and was repeated with much clearness and force by M. Hérard, in 1872. It is based on sound physiology and on pathological phenomena, and is upheld by the majority of those who have taken part in the discussions; among others, by MM. Hérard, Moutard-Martin, Béhier, Dujardin-Beaumetz and Bronardel, and is demonstrated by clinical observation and microscopic examination. Physiology explains this transudation as follows. Section of the pneumogastric nerve brings on a frothy effusion in the bronchi, and a sanguineous engorgement of the pulmonary tissue. One of the two products of secretion is nothing but bronchial mucus; the other, which is most abundant, is serous matter. M. Jaccoud, touching on the œdema of congestion, says, "constituted by a serous exudation in the walls and on the free surface of the alveoli, œdema is the constant and necessary consequence of all pulmonary congestion of a certain standing." M. Charles Robin acknowledges that the capillary network of the surface of the alveoli may, under the influence of either temporary or permanent congestion, allow a certain amount of fluid, quite distinct from the bronchial mucus, to exude.

M. Moutard-Martin says:—"You cannot clinically establish your so-called pulmonary perforation, while on our part we do clinically establish the sero-sanguineous congestion of the lungs, by the presence of slight dulness and subcrepitant râles, of pulmonary œdema and hæmoptysis." That it may be proved after death is shown in M. Gombault's case, reported by Terrillon. In the explanation of this transudation, it is easy to understand that when a lung has been compressed for a certain time, when it has been excluded from the air, that natural excitant, penetrating rather suddenly into the pulmonary vesicles, would produce irritation of the mucous membrane, and an excitement of the vessels, which, in a very short time, would be followed by paralysis, of which the inevitable consequence is passive congestion with œdema. If we add to this the destruction of the epithelium, which clothes the alveoli and strengthens the walls of the

capillaries, the probability of MM. Hérard's and Moutard-Martin's explanation will be much increased. In certain cases of albuminous nephritis, the desquamative congestion at the commencement causes the capillaries of the kidney to allow the albumen to escape into the tubules and mix with the urine; here the modified alveolar mucous membrane readily allows the albuminous serosity to filter through.

The very complete researches of M. Dujardin-Beaumetz show that the two fluids (i. e., the pleural effusion and the fluid expectorated) have a very distinctly marked difference of character. He says:—"While both fluids contain urea, mucin and albumen, the expectorated fluid contains only 1 part in 1000 of albumen; the other, on the contrary, contains from 66 to 88 parts in 1000." M. Louis Lande, Professor in the Bordeaux School of Medicine, proves the non-identity of the two fluids in a decisive manner, by citing the cases of Dr. Musson and Dr. H. Gintrac, in which the phenomenon came on after thoracentesis, performed for purulent effusion.

In the *Gazette des Hôpitaux*, for June and July, 1873, M. Revillout publishes cases in which attacks of albuminous expectoration came on, not only without thoracentesis, but even without the presence of any pleurisy. In one case, an old man, subject to asthma, but who had never had pleurisy, was on two occasions seized with alarming crises, characterized by cough, which at each respiratory movement brought up a mouthful of albuminous fluid tinged with blood, with which the patient soon filled a large basin. In a similar case, M. Galabert, rejecting all idea of a pleural origin for the fluid, especially as the patient was subject to similar attacks, which were completely relieved by bleeding, did not hesitate to diagnosticate pulmonary congestion, with excessive bronchial secretion, and combatted the attack by agents capable of exciting the contractility of the small vessels, such as ergotine and syrup of belladonna. These cases, M. Revillout remarks, lead us to form more just notions of acute pulmonary oedema.

It is, then, to the fourth explanation of the phenomena of albuminous exudation that the balance of evidence inclines.

A NEW SIGN OF DEATH.—M. Bouchut stated, at the Académie des Sciences, that at the moment of death gases which are normally imprisoned in the venous blood are disengaged, forming a pneumatosis of the veins. The pneumatosis of the veins of the retina is easily appreciable by the ophthalmoscope, and constitutes an immediate and certain sign of death. This pneumatosis is indicated at the moment of death by the interruption of the column of blood in these veins, a phenomenon similar to that which is observed in the interrupted column of a thermometer with colored alcohol.—*The Medical and Surgical Reporter*.

FOR BLEEDING AT NOSE.—"Holding a living toad near the nose, it stops the blood instantly, because the blood flies from its enemy." And again: "A certain man that had bled four and twenty hours was thus cured; he took a scain of black thread, and put one end of it to his nostril, and set fire to the other end, and so soon as the smoke came to his nostril, the blood presently stopped."—*Culpeper*, 1656.

FORMULA FOR THE RELIEF OF FLATUS.—Employed at the Roosevelt Hospital. *R.* Pulv. camphoræ, pulv. capsici, pulv. zingiberis, of each, gr. i. *M.* In pilulas No. vi. dividend. *S.* One pro re natâ.

Bibliographical Notices.

Second Annual Report of the State Board of Health of Minnesota. January, 1874. Printed by Authority. Saint Paul: Saint Paul Press Company.

DR. CHARLES H. HEWITT, the Secretary of the State Board of Health of Minnesota, has presented to the Legislature of that State this second Report, by Dr. D. W. Hand, Chairman of the Board, and it is a very creditable document. Looking through its pages, we have noted several important points, to each of which, however, only brief allusion can be made. First, the pertinent remarks in reference to the *prevention* of smallpox. We heartily concur in the reporter's opinion that "there is no excuse" for that "popular belief" that nothing is to be done "except in the presence of some great epidemic, as smallpox or cholera." In reference to smallpox, we, here in Boston, a little over a year ago, had pretty severe practical demonstration that the do-nothing policy of a Board of Aldermen, acting, forsooth, as a Board of Health (!), not only invited the disastrous epidemic which invaded our city and its neighborhood, but, by an almost unparalleled sluggishness and incompetency, fostered the uncongenial guest, and solicited its stay. To the truth of which let the rapid disappearance of the loathsome malady, when dealt with as an enemy, in a decided, thorough and common-sense manner, testify.

The very large death-rate amongst children in 1872 is pointedly referred to by the reporter. "Nearly one-half of all who died were children under five years of age." (*Report*, p. 7.) Is not this fearful loss of children reported, or acknowledged, in nearly every community? Has the death-rate from *cholera infantum* diminished, at all, of late years? Has any thorough *exposé* of this dreadful scourge been given to us by a competent hand? Why have we not extended examination of this disease and its causes, and a monograph suited to its importance? If, as the reporter suggests, this, and very many other diseases, now so destructive of human life, are "preventible," why are they not stopped, or, at least, checked? "Every one of those diseases is preventible, that is, the causes of some of them can be entirely abolished, and the influence of them all can be greatly diminished by the operation of local Boards of Health." (*Loc cit.* p. 7.) Of this, there can be no doubt. Let us hope, not only that such Boards will be founded, everywhere, but that they will courageously and faithfully do their duty.

Some judicious remarks are next offered upon "the causes of disease." Amongst these, the fact is noticed that diseases often reach people through the "water they drink." We take up this already well-known point, with the intention of alluding to the contamination of sources of drinking-water, by reason of their close proximity to cemeteries—especially in the suburbs of populous towns. We suppose there is often no doubt of this. And, in the inevitable crowding of such depositories of the dead, which time brings with it, what is to prevent a series of still more pernicious results? We confess this to be—as lately it has been urged—a potent argument for *cremation*.

We fully agree with the reporter when he writes—"the executive officers of such Boards [of Health] should be educated and experienced physicians." (P. 8.) And we endorse, fully, his statement that "an active and intelligent Health Board can do these things:—

- "1st. It can prevent the occurrence and spread of epidemics, as a rule.
- "2d. It can diminish the average sick-rate as much as one-fourth, and the average death- [rate] probably one-fifth, in amount.
- "3d. Among the very poor, living in crowded tenement houses, and unable to choose or regulate their sanitary surroundings, it can do even more than this.
- "4th. In greater proportion than the reduction of the sick- and death-rate, will be the gain in health and productive capacity, and therefore the increase

in pecuniary and social independence, among the classes who now make the greatest demand on the public funds.

"5th. It can reduce the infant mortality, now nearly one-half of the total, and in so doing, increase the health and vigor of offspring, and diminish the number of weakly imbeciles who are now adding largely to the charitable outlays of the State. [What the reporter says for his own State, will equally answer for others.]

"6th. The local health board may be easily made the centre and source of sanitary knowledge for the population among whom and for whom it labors, and should, in the school, in society, among all classes of the population, in the press, as in the town council, be a mentor and instructor in the art of private and public health. There is no town in the State so small, in which such a board is not necessary to secure for the people the same care in *preventing* disease as they now demand for its *cure*."

The very true observation is made (p. 17) that "the popular interest in hygiene is a remarkable fact of our time. Never before has that interest been so general." In this connection, we may refer, with pride, to the labors and published reports of the "State Board of Health of Massachusetts."

"A Report on Inebriate Asylums," by Dr. Hewitt, succeeds the general report we have been noticing. It is quite full and is carefully prepared. Its author, previous to making it, visited various inebriate asylums, by direction of Governor Austin, of Minnesota. He "carefully examined" the Washingtonian Home, Boston, Mass.; the Inebriate Asylum, Ward's Island, New York Harbor; the Inebriate's Home, for King's County, N. Y. (near Brooklyn); the New York State Inebriate Asylum, Binghamton, N. Y.; the Washingtonian Home, Chicago, Illinois. Dr. Hewitt conferred with "nearly every man associated with inebriate asylums in the United States," and also made a "valuable collection of laws, charters, rules and regulations, reports, &c., both American and foreign." These he presented, with his report, to the Legislature of Minnesota, as aids in framing a law for organizing an Inebriate Asylum. The entire report is well worthy of perusal.

Other sub-reports follow: one on the "Statistics of drunkenness in Minnesota, for 1873," by Dr. Hewitt; on "Typhoid Fever," by Dr. Hand, in which reference is made to our State Board of Health Reports (1871), Dr. Geo. Derby's report on "The Causes of Typhoid Fever in Massachusetts."

Quite a valuable communication follows, from Rev. A. B. Paterson, entitled "Remarks on the Climate of Minnesota." The author says that "what he presumes to offer is done with great diffidence, and only at the solicitation of a medical friend." Whilst, as the author himself implies, there is not much, if anything new—to the medical reader at all events—in his paper, certain positions are exceedingly well taken. For instance, what he says about the season for going to Minnesota, in the case of invalids. "Fifteen years ago, the great influx of invalids took place in November, in order that they might reach here before the close of navigation. A worse time could not be selected. It is the dreariest, darkest, most unpleasant month of the year. And to encounter its influence on first arriving, is most depressing and dispiriting. An invalid needs to come early enough in the summer to try fully the effect of the climate upon his lungs, and to have experienced some little improvement in order to fortify him for the attacks of winter, and to obtain benefit from its keen air. Then an outdoor life can be almost constantly maintained. Then those resorts for pleasure and health, now so numerous in Minnesota, can be visited, and hunting and fishing give occupation to the mind. The middle of June, therefore, when the lingering roughness of spring has left the air, and summer-tide is fully established, is, beyond question, the fitting time for attacking the healthful stores of this country." (*Loc. cit.*, p. 86.) These hints are certainly valuable, and have not, hitherto, been acted upon, to any extent, we imagine.

Accounts of the "Inspection of Public Institutions," and of the "Health of Towns" close this truly valuable contribution in behalf of hygiene and sanitary and social science.

We think it a pity that so many typographical errors deform the pages of this pamphlet. Here are a few of them: Sanitaay for sanitary; punative for punitive, twice on the same page; inebrate, for inebriate; Pyer's glands, for Peyer's; delerium, for delirium; supurerogation, for supererogation; scarletina for scarlatina; erysepelas, for erysipelas, &c. &c. Each a small error in itself, but enough to mar the appearance of the book, taken in the aggregate.

W. W. M.

The Diseases of the Prostate; their Pathology and Treatment. By Sir HENRY THOMPSON. Fourth Edition. Philadelphia: Henry C. Lea. 1873.

THIS is the American re-print of the fourth edition of Sir Henry Thompson's valuable work on the Prostate, of which the third edition appeared in 1868; as might have been expected from the nature of his subject, the author has made very few alterations, and as the work has been long before the profession in substantially its present shape, and is very well known, a review hardly appears to be called for; we shall therefore content ourselves with noticing the few changes and additions, mostly of practical interest, which have been made.

In speaking of the use of injections in the treatment of chronic cystitis accompanying hypertrophy of the prostate, we read that "a solution of quinine has lately been employed for injecting the bladder, in the proportion of one or two grains to the ounce of water. It is worth a trial, and should be used, as all the preceding solutions, at a temperature of from 90° to 100° Fahr." In cases of retention due to enlarged prostate, where all attempts to introduce an instrument through the urethra had failed, it was formerly considered a legitimate operation to perforate the obstructing prostate with a pointed metallic catheter. This forcible proceeding, which in the preceding edition had at least the sanction of mention and description, without comment, is now unhesitatingly condemned. "The improved flexible instruments now employed have rendered any forcible means unnecessary and undesirable, except for very rare cases, in which skilful manipulation has failed. For these, I unhesitatingly advise puncture of the bladder." Among the various modes of performing this operation, puncture with the aspirator and fine trocar is not mentioned; but we know, from Sir Henry Thompson's clinical lectures (third edition, page 104), that this proceeding has his approval for certain cases.

In the chapter devoted to "bar at the neck of the bladder," and to the operations (incision and excision) which have been devised and practised for the removal of such obstructions by Guthrie, Civiale, Mercier and others, our author, in his third edition, appeared disposed to admit that, in some exceptional cases, it might be allowable to resort to such measures. He now says, however:—"I have never performed any such operation myself, nor do I feel justified in recommending its adoption in any circumstances."

A Dictionary of Medical Science. By ROBLEY DUNGLISON, M.D., LL.D. A new Edition, Enlarged and thoroughly Revised by RICHARD J. DUNGLISON, M.D. Philadelphia: Henry C. Lea. 1874.

THE work of revision, already begun by the late Dr. Dunglison some time previous to his death, has been most faithfully carried on and completed by his son. The task has evidently been a pleasant one, although far more arduous than many may suppose. Some idea of its magnitude may, however, be obtained from the statement made in the preface that the present edition includes more than six thousand subjects and terms not embraced in the last. Such comprehensiveness as has been attained in the successive enlargements made, while going through several editions, makes this work one of great value. It contains much instruction which could not be obtained by most practitioners in any other way; and, indeed, is invaluable to all as a work of reference. It should be looked upon as an essential part of a physician's library. We are glad to see that particular attention has been

paid to the accentuation of terms. One hears so many flagrant mistakes of this kind, even from the lips of quite learned members of the profession, that we are glad to feel that there is a standard to be consulted or appealed to, within easy reach of every one.

The publisher's work has been done in the best manner; the type is clear, and well suited for reference, and the binding plain and durable, as becomes a work of this kind.

The Science of Homœopathy; or a critical and synthetical Exposition of the Doctrines of the Homœopathic School. By CHARLES J. HEMPEL, M.D. New York; Boericke & Tafel, 1874.

"Now this was remarkably excellent pap."—*Bab Ballads.*

REVIEWING one's own past follies is said to be more profitable, even, than painful; reviewing the present one of our medical brethren (with the bar sinister) is the reverse, and we are tempted to express our views upon this volume by a blank space of liberal extent, with, at most, the addition of the conclusion arrived at by Sir Charles Coldstream, after contemplating the crater of Mt. Vesuvius.

But this privilege is denied us. Upon the 23d page, the author states "it is time that our allopathic brethren should know that a man may be a homœopath without abjuring common sense." This is straight from the shoulder and, like the blow on the nose of the Rev. Thomas Toser, "painful, very painful." With the spirit of long-suffering charity, and of plenteous, unstrained mercy, which characterizes every reviewer for this JOURNAL, we have always hoped that this *was* the thing lacking, and that common honesty might, possibly, still exist to some extent; yet it seems our homœopathic Hercules undauntedly takes the other horn of the dilemma. But, jubilate! the perusal of his book substitutes for our former hope the certainty of conviction of the truth of that hope. The author belongs, evidently, to the old conservative class of the "deluded," rather than to the modern "fraudulent" one. He is anxious to separate from pure homœopathy the non-essentials of "infinitesimal doses, hypothetical potencies and microscopic globules," and to take his stand upon the dogma of *similia similibus*, pure and simple [we admit the latter adjective, but doubt the former]. Let us see how the tripod of our oracle is constructed. The first leg may be said to be error in diagnosis; the second, non-homœopathic treatment; the third, an even more strange than culpable method of statement as regards results. Thus, page 21st: "case of constitutional tuberculosis of the lungs;" "patient speedily restored to her usual health by means of one-grain doses of quinine." "The treatment lasted about two weeks." Ha! are you there, old tergiversating Truepenny? "*Usual* health!" Is that the meal which hides the cat? Same page: "a case of Purpura Hæmorrhagica where the blood rushed in a torrent from the nostrils and mouth," &c., and "attended with frightful convulsions," receives "dilute phosphoric acid and tincture of hyoscyamus, drops to sleep, sleeps soundly, and *awakes convalescent.*"

Homœopathy thus reduced to primitive simplicity—

"On parent's knee, a naked new-born child,
Weeping, you sat, while all around you smiled!"

is, theoretically, "the extinguishment of a derangement by a stronger affection of a similar kind," [is Free Love homœopathic?] a good deal as Patrick mended the hole in his shirt, by cutting it out. Practically, it consists, under its "common sense," but not common honesty, aspect, of the use of legitimate remedies, since these are really "homœopathic to the diseases for which they are employed," or else "may be properly used by the homœopath" "*in any dose*" as "*palliatives.*" *Principium restat mutato nomine re non.*

"Strange that such difference should be
Twixt Tweedle dum and Tweedle dee."

The book opens fire with an *ex cathedra* fulmination of *ipse dixit*. Next we are beguiled by specious hypotheses which shirk the *onus probandi*. Then

come the usual advertisement pages of remarkable cures; and, finally,—*Dis pisciculus!* the author settles down to his stride of effulgent transcendentalism raised to the decillionth dilution. Such oriental opulence of orthographic ornamentation! an occasional (h)ic betraying the source of inspiration; e. g., § ii. part 2d, “cosmogonical (sic!) principles.” Such wallowing in floods of tropes! Such lavish profusion of grandiloquent hyperbole! Such pyrotechnical coruscations of euphonius verbosity! Such a lambent aureola of ornate euphuism! In short, “such larks, Pip”! that we “needs must think on her,” Caskowski’s mare, who

“Did some things one couldn’t but feel
She wouldn’t have done had her tail been real.”

To end this strange, eventful history, the book is permeated by a prolixity of pleonasm and a prodigality of persiflage, and is truly “nuts to Scrooge.” So, unless the author has exhausted the great “unabridged,” plus the diversions of Purley,

When he next doth write again
May we be here to read.

“Here’t h a P. Eth!” In compliment to the author, we have reviewed his book purely in accordance with the dogma *similia similibus*, the first exposition of which may be found in Prov. xxvi.—5; but we beg this may be taken as analogy merely, for we have no idea of incurring the “danger of hell-fire,” much less the wrath of man, by implying that “letters four do form the name” of any one whom we recognize as a man and a brother—though upon the “wrong side of the blanket.”

E. W. JR.

A Manual of Toxicology, including the Consideration of the Nature, Properties, Effects and Means of Detection of Poisons, more especially their Medical-legal Relations. By JOHN J. REESE, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, &c. &c. Philadelphia: J. B. Lippincott & Co. 1874.

THE value of this work depends entirely upon the purpose for which it is to be used. The author admits that he has largely drawn upon the standard works for his cases, as, of course, any one without an entirely exceptional experience must do, and it is difficult to find that he has added much thereto, either of facts or of commentary. Although he “feels that he needs no apology for his free quotations,” he has not always taken the trouble to insert quotation marks where his sentences are precisely identical with those of Wharton and Stillé.

The book is to be characterized rather by negatives than affirmatives. As may be supposed, we should hardly recommend its purchase to any one who already possesses one of the older works, since he would find but little new. It might, perhaps, be employed as a text-book in a medical college where toxicology is made, as is seldom done, a separate and distinct department, or to the chemist whose library is limited it may also prove useful as containing in a small space a larger number of processes for the detection of poisons than are found in Wharton and Stillé.

Chemistry, Inorganic and Organic: with Experiments. By CHARLES L. BLOXAM, Professor of Chemistry in King’s College, London, &c. &c. From the second revised English Edition. Philadelphia: Henry C. Lea. 1873. Pp. 700.

THE first edition of Prof. Bloxam’s chemistry was issued while the old nomenclature was in use; a revision has, therefore, been required on account of the almost universal adoption of the new atomic theory.

As the title implies, the work treats of both inorganic and organic compounds, and it is a very complete text-book upon the subject. It is not as elaborate as the large works of many volumes, which can only be used as books for reference, but it treats of all the important subjects as fully as is

desirable in a text book for the use of students. The author evidently considers the experimental portion of chemistry as of the chief importance at the commencement of the study, and appears by no means to accept the new nomenclature in its totality. In fact, the scarcity of reactions and rational or structural formulæ is the only criticism which we have to offer, but these omissions can always be supplied by the competent instructor, and detract but little from the real value of the work as a text-book.

The experiments are numerous, described in detail, and illustrated by excellent cuts, which are of great assistance to the beginner in the chemical laboratory.

The table of contents and the index are both very complete, the former having been drawn up, as the author states in his preface, "to serve the purpose of an abstract," and will prove of great advantage to the student.

We have in this work a complete and most excellent text-book for the use of schools, and can heartily recommend it as such, all the more readily since it has not taken all of the labor from the hands of the instructor. W.

BOOKS AND PAMPHLETS RECEIVED.

On Intra-uterine Fibroids. By J. Marion Sims, M.D. (Re-printed from the New York Medical Journal.) 1874. Pp. 27.

Responsibility in Mental Disease. By Henry Maudsley, M.D. New York: D. Appleton & Co. 1873. Pp. 313. International Scientific Series. (For sale by A. Williams & Co.)

A Practical Treatise on Surgical Diseases of the Genito-urinary Organs, including Syphilis. By W. H. Van Buren, M.D., and E. L. Keys, M.D. New York: D. Appleton & Co. 1874. Pp. 672. (For sale by A. Williams & Co.)

Retention of Urine. By Alexander W. Stein, M.D. (Re-printed from the New York Medical Journal.) 1874. Pp. 30.

Syphilitic Membranoid Occlusion of the Rima Glottis. By Louis Elsberg, M.D. (Re-printed from the American Journal of Syphilography and Dermatology.) 1874. Pp. 16.

STRICTURE OF THE LARGE INTESTINE.—Dr. K. T. Stabeck reports an interesting case of a woman, aged 40 years, who had suffered from obstinate constipation, increasing constantly in severity until the bowels became totally obstructed, no relief being afforded by either cathartics or injections. For a period of seven months, she vomited feces daily, and for two months had no passage whatever from the bowels. Death ensued from exhaustion, there being no indications of inflammation of either the intestines or peritoneum. *Post-mortem* examination revealed a complete stricture at the angle of the transverse and descending colon, where a fibroid growth was found, springing, apparently, from the coats of the intestines.—*Medical Times*, May 2, 1874.

LEAD POISONING FROM EATING PRESERVED FRUITS.—Dr. T. Hale Streets, U. S. N., reports a case of lead colic occurring on board the *Portsmouth*, where the source of the poison was found to be in the canned preserved fruits which he had been eating. The public should be cautioned that these cans are made of sheet iron coated with tin, to which a little lead is added to give it greater toughness. If the contents of these cans are not removed after the can has been opened, the malic and citric acid in the fruits, if exposed to atmospheric air, will speedily act upon the lead coated surface of the can, and thus acquire poisonous properties.—*Medical Times*, May 2, 1874.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 28, 1874.

THE Annual meeting of the Massachusetts Medical Society will be held next Tuesday and Wednesday in Boston. Pleasant as these meetings usually are, we hope that the coming one will be more than usually so. The attractions to visitors of the city are greater than ever were offered before. Previous to the meeting at noon, on Tuesday, there will be the usual visit and operations at each of our large hospitals. The two new buildings on the grounds of the Massachusetts General Hospital, which have been but lately opened, will alone well repay a visit. There will be an exhibition of the "tent system" on the grounds of the City Hospital. At about the same time, those who desire will have an opportunity of inspecting, under good guidance, the abattoir at Brighton, which is, perhaps, the greatest triumph of the State Board of Health.* It is, perhaps, to be regretted that it is impossible for one to make all instead of one of these visits, but the arrangement has the advantage of dividing the numbers, which, it is hoped, will nowhere be excessive. The list of papers to be read at the meeting comprises a number of most interesting subjects. Dr. James O. Whitney will read on Dilated Kidney; Dr. Douglas Graham, on Massage; Dr. T. B. Curtis, on Cotton Wool Dressings; Dr. E. P. Hurd, on the Germ Theory of Disease; Dr. S. D. Presbrey, on Chronic Cervical Endometritis; Dr. F. W. Goss, on the Dressings of Wounds; Dr. J. B. Upham, on the late Epidemic of Cerebro-Spinal Meningitis in Massachusetts; Dr. Edward Cowles, on Treatment of the Sick in Tents and Temporary Hospitals; Dr. Henry Clarke, on the Surgical Treatment of Empyema; Dr. J. R. Chadwick on Transfusion. On Wednesday, the Annual Discourse will be delivered at 1 o'clock, by Dr. Nathan Allen, of Lowell, after which the Society will dine in the Music Hall. We understand that some excellent speeches may be expected. During the afternoon of Tuesday, the various museums in the city, and the Children's Hospital, will be open to visitors.

It seems appropriate to publish in this connection the following note and curious extract from an old paper, showing the existence in Boston, one hundred and thirty-three years ago, of a Society governed by the same motives that actuate us to-day. We are indebted for these papers to a member of the profession, well-known for his interest in historical matters.

* The time of the trains will be found in the advertisement on the second page of cover.

The following account of an operation for lithotomy is taken from the *Boston Weekly News Letter* of November 13, 1741. It is of some historical interest, as showing the existence of a Medical Society in Boston at that early date. Very likely it was the first one in point of time in the country.

S. A. G.

Boston, May 12, 1874.

A Medical Society in Boston New England, with no quackish View, as is the manner of some ; but for the Comfort and Benefit of the unhappy and miserable sufferers by the excruciating Pain, occasioned by a Stone in the Bladder, do Publish the following Case.

IN Boston, Oct. 8, 1741, Joseph Baker, Æt. 6, was cut for the Stone in the Bladder, according to Mr. Cheselden's late Improvement of the *lateral Way*, by Mr. Gardner of Boston (who had some Part of his Education in the Hospitals and Infirmarys of London and Paris) in Presence of the *Medical Society* and others without reserve.

This Boy by his complaints seems to have had the Rudiments of this Stone from his Birth, and by degrees the Paroxysms of Pain became so violent, that Death or the Operation were unavoidable. This Stone was extracted in the *lateral Method* without Distraction or Dilaceration of the Parts, which too frequently kill the patient in a few Days or Weeks ; or if the Patient escapes with his Life, the Urine continues to issue involuntarily by the Wound, during an uncomfortable Life. Several such miserable Instances we have had in this Province for want of Skill and Discretion in the Operator.

This Stone when extracted, was of a lenticular Form, somewhat elongated, imitating the converging Part of the Bladder, its surface *instar Lapidis arenosi*, but more hard and compact, the circumference 4.75 Inches ; its central Thickness 8.5* Inches ; the longest Diameter 1.5 Inch ; the shortest Diameter 1.25 Inch.

The dressings were soft easy and simple, with a Milk Diet to mitigate the scalding of the Water in the Wound. The 4th Day the Urine began to trickle the natural Way ; the 11th day it passed the natural way in a full strong Stream ; 15th day no more Urine by the Wound ; and makes Water only 3 or 4 times in 24 Hours ; after the 23d Day, no more Dressing, the Wound being well cicatrized and the Boy at Play about the House.

Thus in about 3 Weeks a compleat and easy Cure for the Stone in the Bladder, was effected by the *lateral Way*.

We believe that the next oldest Society in this country was established in Philadelphia at about the time of the Revolution. 1780 saw the foundation of the Boston Medical Society, which we think subsequently became, or, at all events early in this century, was superseded by, the Boston Medical Association, which still exists. The Massachusetts Medical Society itself was incorporated in 1781.

Our attention has been called to advance sheets of the system of nomenclature which has been adopted by the Marine Hospital Bureau, and which is about passing through the press ; it is, in fact, substan-

* This probably should read .85 inches.—Eds.

tially the same as that drawn up by the Committee appointed by the Royal College of Physicians of London.

"This action has been taken in the belief that the 'Provisional Nomenclature' forms the most promising basis, at least, for a standard and international nomenclature and classification—subject, as it is, to decennial revision, in which there is reason to expect the profession of this country will be represented, and being, in itself, the work of those 'who hold, or have held, the highest place as representative men in the Science of Medicine;' among whom were the chiefs of the medical departments of the public services, thus insuring the official recognition of the system throughout the British Empire."

As is well known, this system of nomenclature has met a hearty approval from the profession in all parts of our own country; it has been accepted by the Medical Department of the U. S. Army; it has been formally recommended by the American Public Health Association, and adopted by the American Medical Association. The approval of the latter is, of course, far from being any criterion of merit, but we, nevertheless, are inclined to think well of the work.

"From the foregoing, it will be seen that its promise to become the common nomenclature and classification for at least all English-speaking peoples is in a fair way to be realized; and, in furtherance of this end, the present edition—aside from the omission of the French, German and Italian equivalents, the transposition of the English and Latin names, the verification of the Index, and the correction of a few clerical and typographical errors—has been made a literal transcript of the English original." It will make a book of 200 pages, and will afford a convenient handbook, not only to the officers of the Marine Hospital Bureau, but to the profession at large.

As a means of convenience to medical men, the supervising surgeon will supply copies to them, to Health Boards, and others, at the cost of the paper, press work and binding, if ordered before the edition is printed. We understand that the cost per volume will not exceed one dollar, and will, perhaps, be considerably less.

SEWER-GAS PNEUMONIA.—A recent event in England shows with what obstinacy certain authorities will persist in a course which they have determined to adopt, in spite of repeated warnings that such action will be fraught with danger to the community.

The *Medical Times and Gazette* of April 4, 1874, reports that, on "March 14th, the parish sewer in the road immediately opposite Mr. Waterfield's school, Temple Grove, East Sheen, was opened by order of the Rural Sanitary Authority, for the purpose of inserting a ventilator, protected by a charcoal basket, in order to allow the escape of sewer-gas. Mr. Waterfield, well knowing the poisonous qualities of sewer-gas, and more than doubting the efficacy of the charcoal-basket protector, immediately made a represen-

tation in the matter to two members of the Sanitary Authority, but they declined to interfere. That his protest might not pass "as the groundless alarm of an unscientific person," Mr. Waterfield supported it by the written opinion of five well-known medical men. One of them, Sir Wm. Jenner, wrote:—"In my opinion, Mr. Waterfield rather underrates the dangers to be apprehended from the proposed ventilator; guarded though it be by a charcoal filter. I have two sons at Temple Grove, and feel very decided that in common with the other inmates of Mr. Waterfield's house, they will, should the ventilator be placed in the high road opposite the house, be exposed to serious risk of disease." He further stated that the risk was by no means confined to infectious diseases, and especially mentioned the danger of pneumonia.

Neither the officer of health, the inspector of nuisances, nor the Sanitary Board took notice of these protests. The latter, which met March 20th, "declined to discuss the 'vexed question' of the efficacy of charcoal, or to change the position of their ventilator; but offered to run a shaft up the house to discharge the gas at a higher level."

All that was obtained was that the open grating should not be inserted, and that the mouth of the ventilator should for the time be covered with gravel.

"On the afternoon of the 20th, there was a very high tide—one of the very dangers mentioned in Mr. Waterfield's protest. The mouth of the sewer was under water, and the compressed gases forced an opening through the gravel covering the ventilator. Four servants sleeping in a room looking towards the road were annoyed on that day by the smell. On the morning of the next day, a boy sleeping in a room which faced the ventilator was taken seriously ill. Mr. Waterfield sent for four of the medical men who had signed his protest, and they found the boy to be suffering from pneumonia. During their visit the gas was escaping freely from the sewer, and it was necessary to close all the upper windows on that side of the house. On the evening of the same day, two other boys were taken ill in the same way as the first boy, and two servants were also affected." That evening the ventilator was allowed to be removed and the sewer properly closed. This being done, "all smell at once ceased."

"We have related this plain, unvarnished tale at some length," says the editor, "for its teachings are many and perfect of their kind. They ought to be studied and taken to heart by householders, sanitary authorities, medical officers of health, nuisance inspectors, and by every one, in short, who is interested—and who is not?—in sanitary matters. A good and right thing to be done—ventilation of a sewer—was determined on, but was done in a wrong place and a wrong manner. The imperfections of the method adopted, the patent wrongness of the place selected, and the evils that would almost certainly be caused, were pointed out promptly, clearly and authoritatively. But the 'sanitary improvement' was persisted in, and the very evils that had been predicted instantly followed. Some critics may be inclined to say that 'the rural Sanitary Authority' was ignorant, with that most dangerous ignorance that comes of a little knowledge, and obstinate with the obstinacy born of a little knowledge, coupled with a little authority; but we are content to say only that 'the Authority' was zealous in sanitary reform. It is, perhaps, very difficult to excuse the indifference shown to such a protest as that sent in by Mr. Waterfield; but 'the Rural Sanitary Authority' had sewer ventilation and charcoal filters on the brain, and the sewer in question had to be ventilated, and to be ventilated in one spot, in one way and at any price.

"Such occurrences as those we have here related are most deplorable. Besides the danger to human life, they inflict a blow, in the names of authority and knowledge, on the young and tender popular faith in Sanitary Science, and place a fatal obstacle in the way of all sanitary improvements."

The Hospitals.

MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, May 13 and 16, 1874.)

OPERATIONS were performed in the following cases:—Tumor of Foot and Supernumerary Toe, Foreign Body in Hand, Hæmorrhoids, Vesical Calculus, Necrosis, Cyst of Neck, Disease of Knee-joint, Stricture of Urethra, Fistula in Ano. During the week, Stricture of Urethra with Retention of Urine, Vesical Calculus, Abscess, Stricture of Urethra, Necrosis of Tibia.

Tumor of Foot and Supernumerary Toe—both congenital, in a baby eight months old; the tumor, large as a marble, was subcutaneous, and situated on the plantar surface of the heel. The toe was attached at the outer side of the foot, and, curling inwards, rested in contact with the sole. Both the tumor and the toe were excised.

Foreign Body in Hand.—While pegging shoes with cable screw wire, a man's hand was caught by the machine, and the wire driven into the flesh of the palm. It could not be felt under the skin, but a careful search, at the point indicated by the patient, led to the detection of the wire, an inch in length, and more than an inch from the point of entrance, deeply situated in the muscles of the ball of the thumb. This appears to be a common accident; the peculiarity of the foreign body and the force with which it is driven in, make it by no means a trivial one.

Hæmorrhoids—in a man. Tied by Dr. Clark.

Vesical Calculus—in a man, thirty-two years old. For one year there had been blood in the urine, and he had suffered from great pain in the bladder and the end of the penis. Lithotripsy. Stone of small size.

Necrosis—of first metatarsal bone, in a boy eleven years old. The disease was of eight months' duration, following a "sprain." The fistulous openings were enlarged, and the dead bone extracted by Dr. Clark.

Cyst of Neck—congenital, as large as a hen's egg, and situated in the anterior triangle, on a level with the larynx, in a middle aged man. It was tender, and the skin covering it somewhat inflamed. It was laid open, and found to be suppurating; the inflamed sac was dissected out and the wound closed by sutures.

Disease of Knee-joint—of eight months' duration, in a man forty-eight years old. Swelling and pain were first located below the patella, and have gradually increased, until now the joint is one third larger than that of the opposite leg; the pain is sufficient to prevent him from sleeping, and is always aggravated by standing or walking. There is fluctuation and considerable tenderness over both condyles and above the patella. Two openings, made into the softer and superficial portion of the enlargement, gave exit to a bloody colored substance of the consistency of custard; the greater portion of the swelling consisted of a soft, gelatiniform material, and involved the insertion of the vastus internus and externus. Dr. Clark amputated the thigh, by the flap method, at the junction of the middle and lower thirds.

Stricture of Urethra—the result of gonorrhœa; of six years' duration, in a man thirty-two years old. A number of false passages existed, made before his entrance to the hospital, and a filiform bougie could not be made to enter the stricture, although the urine could be passed in a stream the size of a knitting needle. The urethra was laid open at the point where the bougie stopped; the bougie of a Voilemier divulsor was then guided through the stricture and its rupture effected, after which a number twelve elastic catheter was passed into the bladder and left.

Fistula in Ano—laid open by Dr. Clark.

Stricture of Urethra with Retention of Urine.—Since the first operation (reported in the JOURNAL for May 21st), the bladder has been punctured eight times, over the pubes, and evacuated by the aspirator. The infiltra-

tion has diminished somewhat, and he has been able to pass some urine in drops, but no entrance to the bladder by bougies has been effected.

Vesical Calculus, with Retention of Urine—in a man forty years old, who for the past two years has had atony of the bladder. He entered the hospital with retention; on relieving the latter, a large stone was detected. Lithotomy has been performed four times, and the fragments removed found to be phosphatic.

Abscess.—"Shirt-stud" of plantar surface of foot. Opened.

Stricture of Urethra—of two years' duration and of gonorrhœal origin, in a man forty-seven years old. He had an irritable bladder, pain in the glans penis, and other symptoms simulating stone, but, after a careful exploration of the bladder, none was found. The urethra admitted a bougie corresponding to number thirteen of the French scale. The stricture was dilated with the large tube of Voilemier's divulsor.

Necrosis—of tibia, in a man thirty-two years old, following a compound fracture received on the twentieth of March, and caused by the kick of a horse. The original wound was laid open, one large and some smaller fragments removed; a free incision was then made on the fibular side of the leg, to communicate with the cavity from which the diseased bone had been removed, to afford drainage and provide against burrowing. An abscess was also opened near the ankle-joint. The fragments removed and the condition of the limb indicated that the fracture was spiroidal and V shaped, with a fissure extending the length of the lower portion of the tibia and reaching the articulation. (See case reported in this JOURNAL, vol. vi., new series, page 102.)

H. H. A. BEACH.

Obituary.

DR. E. M. JOHNSON.

ONE of the most valuable lives lost in the terrible calamity at Williamsburg, by the bursting of the reservoir on May 16th, was that of Dr. E. M. Johnson. He was seen rushing from his house, carrying two of his children, with his wife carrying the third, but all were overtaken by the flood and perished. Dr. Johnson was 36 years old. He graduated at the New York College of Physicians and Surgeons in 1862. He served as an Assistant Surgeon in the Second Massachusetts Cavalry, and in February, 1865, became full Surgeon of the regiment, but almost immediately after, he was promoted to be Surgeon-in-Chief of the Regular Reserve Brigade of Cavalry, in which position he served on the staff of General Gibbs to the close of the war. He then settled in Williamsburg, leading a laborious and useful life, attending faithfully to his professional duties, and taking also an active interest in the welfare of the community.

Medical Miscellany.

NEW HAMPSHIRE MEDICAL SOCIETY.—The annual meeting will take place at Concord, June 9th and 10th. Dr. John L. Swett, of Newport, is President, and Dr. A. H. Crosby, of Concord, Anniversary Chairman.

TRICHINÆ have been causing much alarm, sickness and death in Austin, San Antonio, Indianola, Dallas and some other places in Texas during the winter.—*Southern Medical Record*.

PAINLESS METHOD OF CAUTERIZING WITH NITRIC ACID.—It is found that chancreoids can be cauterized with nitric acid without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain, which is not easily borne by the patient.—*New York Medical Journal*.

POST-PARTUM HÆMORRHAGE.—Dr. J. G. Miller reports two cases in which severe post-partum hæmorrhage was controlled by compression of the abdominal aorta, after the ordinary means for producing this effect had proved futile.—*Western Lancet*.

CHILD MURDER.—A negro nurse at Calvert, Texas, thrust a common dressing pin, of large size, through the anterior fontanelle of a white child, which caused inflammation of the brain, convulsions and death. After death, the mother in her agony fondled the child, and running her fingers caressingly through its hair, felt the head of the pin and extracted it, which at once explained matters. The murderess was executed.—*Southern Medical Record*.

PREVENTION OF POST-PARTUM HÆMORRHAGE.—Dr. B. Athill considers it important, in order to prevent the supervention of *post-partum* hæmorrhage, to forcibly remove the placenta immediately after the birth of the child. The plan adopted by him is to grasp the uterus with the left hand, and make firm pressure downwards in the axis of the pelvis. He then hooks the right index finger on to the edge of the placenta, which by this time is invariably in the vagina, and, with a gentle, rotary movement, extracts it.—*British Medical Journal*.

MIDDLESEX EAST DISTRICT MEDICAL SOCIETY.—At a meeting held in Woburn, May 13, 1874, the following list of officers were chosen:—

President.—Dr. Samuel W. Abbott.

Vice President.—Dr. Frederic W. Winsor.

Secretary.—Dr. Azel Ames.

Treasurer and Librarian.—Dr. A. Chapin.

Councillors.—Drs. S. W. Abbott, J. M. Harlow, F. F. Brown.

Censors.—Drs. A. Ames, A. H. Cowdrey, E. Cutter.

Commissioner on Trials.—Dr. A. Chapin.

MEDICAL GRADUATES IN 1874.—University of Pennsylvania, 121; Jefferson Medical College (Philadelphia), 151; College of Physicians and Surgeons, New York, 84; Bellevue Hospital Medical College, 181; College of Physicians and Surgeons, Baltimore, 26; Medical College of Ohio, 87; Medical Department of the University of Louisville, 123; Cincinnati College of Medicine and Surgery, 22; Chicago Medical College, 44; College of Physicians and Surgeons of Syracuse, N. Y., 9; Medical College of the Pacific, 12; Medical Department of the University of California, 8.—*Medical News and Library*.

DIED.—At Hingham, 20th inst., of pneumonia, Dr. Ezra Stephenson, 68 years 7 months 7 days.

MORTALITY IN MASSACHUSETTS.—Deaths in seventeen Cities and Towns for the week ending May 16, 1874.

Boston, 159; Worcester, 11; Lowell, 19; Chelsea, 7; Cambridge, 19; Salem, 7; Lawrence, 19; Springfield, 6; Lynn, 13; Gloucester, 5; Fitchburg, 1; Newburyport, 5; Somerville, 6; Fall River, 20; Haverhill, 4; Holyoke, 7; Pittsfield, 8. Total, 316.

Prevalent Diseases.—Consumption, 65; pneumonia, 24; scarlet fever, 21.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 23d, 146. Males, 79; females, 67. Accident, 8; apoplexy, 3; bronchitis, 1; inflammation of the brain, 1; congestion of the brain, 1; disease of the brain, 7; cancer, 1; cerebro-spinal meningitis, 2; consumption, 36; convulsions, 4; debility, 3; dropsy, 2; drowned, 1; epilepsy, 1; erysipelas, 4; scarlet fever, 9; typhoid fever, 3; disease of the heart, 5; hæmatemesis, 1; intemperance, 1; disease of the kidneys, 3; disease of the liver, 2; congestion of the lungs, 2; inflammation of the lungs, 14; marasmus, 3; old age, 9; paralysis, 3; premature birth, 1; peritonitis, 2; puerperal disease, 1; rheumatism, 3; tetanus, 1; teething, 2; tumor, 1; uræmia, 1; ulcer of stomach, 1; whooping cough, 2; unknown, 1.

Under 5 years of age, 43; between 5 and 20 years, 14; between 20 and 40 years, 40; between 40 and 60 years, 26; over 60 years, 23. Born in the United States, 95; Ireland, 31; other places, 20.